

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF OHIO

Case number (if known)

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Robert

First name

M.

Middle name

Owens

Last name and Suffix (Sr., Jr., II, III)

Teri

First name

M.

Middle name

Owens

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-0851

xxx-xx-0702

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

**120 Helen Court
Delaware, OH 43015**

Number, Street, City, State & ZIP Code

Delaware

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
☐ Yes.

| | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.
☐ Yes.

| | |
|---------------------------|-----------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ When _____ | Case number, if known _____ |
| Debtor _____ | Relationship to you _____ |
| District _____ When _____ | Case number, if known _____ |

11. **Do you rent your residence?** ☒ No. Go to line 12.
☐ Yes. Has your landlord obtained an eviction judgment against you?

- ☐ No. Go to line 12.
☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☐ No. Go to Part 4.

☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Owens Law Office

Name of business, if any

**46 N. Sandusky Street
Delaware, OH 43015**

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☒ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

| | | |
|--|-------------|---|
| 16. What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17. |
| | 16b. | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17. |
| | 16c. | State the type of debts you owe that are not consumer debts or business debts |

| | | |
|--|--|--|
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. | I am not filing under Chapter 7. Go to line 18. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|--|

| | | | |
|---|--|--|---|
| 18. How many Creditors do you estimate that you owe? | <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000 |
|---|--|--|---|

| | | | |
|--|---|--|--|
| 19. How much do you estimate your assets to be worth? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
|--|---|--|--|

| | | | |
|---|---|--|--|
| 20. How much do you estimate your liabilities to be? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
|---|---|--|--|

Part 7: Sign Below

| | |
|---|---|
| For you | <p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p> |
| /s/ Robert M. Owens Robert M. Owens Signature of Debtor 1 | /s/ Teri M. Owens Teri M. Owens Signature of Debtor 2 |
| Executed on July 20, 2018 MM / DD / YYYY | Executed on July 20, 2018 MM / DD / YYYY |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James J. Jackson

Signature of Attorney for Debtor

Date

July 20, 2018

MM / DD / YYYY

James J. Jackson 0078696

Printed name

The Law Offices of James Jeffrey Jackson

Firm name

103 North Union Street

Suite B

Delaware, OH 43015

Number, Street, City, State & ZIP Code

Contact phone **740-369-6812**

Email address

jjackson@ohdebt counselor.com

0078696 OH

Bar number & State

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | Robert M. Owens | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Teri M. Owens | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF OHIO | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|---|--------------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) | |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 218,000.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 77,265.65 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 295,265.65 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-------------------------------|---|------------------------------------|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ 134,305.45 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 14,481.47 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ 277,662.94 |
| Your total liabilities | | \$ 426,449.86 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|--|-------------|
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 7,167.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 7,142.04 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **8,015.83**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| | Total claim |
|--|----------------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 14,481.47 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 119,300.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 133,781.47 |

Fill in this information to identify your case and this filing:

Debtor 1 **Robert M. Owens**
 First Name Middle Name Last Name

Debtor 2 **Teri M. Owens**
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

120 Helen Court

Street address, if available, or other description

Delaware OH 43015-0000
 City State ZIP Code

Delaware
 County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Owned by the Debtor's Revocable Living Trust.

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| Current value of the entire property? | Current value of the portion you own? |
|---------------------------------------|---------------------------------------|
| \$218,000.00 | \$218,000.00 |

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$218,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1 Make: **Honda**
Model: **Odyssey**
Year: **2007**
Approximate mileage: **145000**

Other information:
**Location: 120 Helen Court,
Delaware OH 43015
Dented and scratched. Interior
extremely worn.**

Who has an interest in the property? Check one

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| Current value of the entire property? | Current value of the portion you own? |
|---------------------------------------|---------------------------------------|
| \$3,775.00 | \$3,775.00 |

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$3,775.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

**Basic Household Goods
Location: 120 Helen Court, Delaware OH 43015**

\$5,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

**2 Television Sets; Overhead Projector; DVD Player; 2 Laptops; and
+/-30 DVDs
Location: 120 Helen Court, Delaware OH 43015**

\$400.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

☒ Yes. Describe.....

Snow Skiis and 2 Bicycles
Location: 120 Helen Court, Delaware OH 43015

\$75.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

2 ~ AR 15 Stripped Lowers; Enfield 303 Rifle; Sigsaur 2245 Pistol; 22 cal suppressor; 308 cal suppressor; Stevens 12 ga Shotgun; 12 ga Shotgun; Ruger 10/22 Rifle; Savage Bolt Action 22 Rifle; and a Taurus 380 Handgun.
Location: 120 Helen Court, Delaware OH 43015

\$1,200.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Basic Clothing
Location: 120 Helen Court, Delaware OH 43015

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Wedding Rings
Location: 120 Helen Court, Delaware OH 43015

\$2,000.00

Personalized Rolex Watch
Location: 120 Helen Court, Delaware OH 43015

\$1,000.00

Misc Jewelry
Location: 120 Helen Court, Delaware OH 43015

\$100.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

1 Cat
Location: 120 Helen Court, Delaware OH 43015

\$2.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ No

☒ Yes. Give specific information.....

Older Lawn Mower and Misc. Yard/Hand Tools
Location: 120 Helen Court, Delaware OH 43015

\$100.00

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$10,177.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash on Hand
Location: 120
Helen Court,
Delaware OH
43015

\$40.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking**

First Commonwealth Bank
Delaware, OH

\$512.02

17.2. **Checking**

Chase Bank

\$85.00

17.3. **Business Checking**

Fidelity Federal
Delaware, OH

\$513.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Limited interest in Homelife in the Gardens LLC

3 %

\$0.00

Limited interest in Homelife on Glynco LLC

2 %

\$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☐ No

☒ Yes. Give specific information about them...

Owens Revocable Trust - Debtors are the settlors, trustees, and beneficiaries of the trust established September 7, 2012. The trust corpus consists of the Debtors' residence at 120 Helen Court, Delaware, Ohio 43015 (listed under Schedule A of this Petition) and two gun silencers.

\$0.00

Interest in The Liberty in Law Irrevocable Trust. Debtor 2 is the primary beneficiary. Debtor 1 holds a contingent interest and a power of appointment. There are no assets held by this trust.

\$1.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information..

Gentlemens agreement owed to Debtor by Sammy Stamm for legal service. Per the agreement, Mr. Stamm owes Debtor future Accounting Services.

\$4,243.84

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Interest in Term Life Insurance Policy
Location: 120 Helen Court, Delaware
OH 43015**

Spouse

Unknown

**Interest in Term Life Insurance Policy
Location: 120 Helen Court, Delaware
OH 43015**

Spouse

Unknown

**Interest in Whole Life Insurance Policy
Location: 120 Helen Court, Delaware
OH 43015**

Debtors 2

\$0.00

**Interest in Whole Life Insurance Policy
Location: 120 Helen Court, Delaware
OH 43015**

Debtors 1

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$5,394.86

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

37. Do you own or have any legal or equitable interest in any business-related property?

- ☐ No. Go to Part 6.
☒ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☐ No
☒ Yes. Describe.....

Aging Accounts Receivable for Legal Services Performed- Not Likely to Collect
Location: 120 Helen Court, Delaware OH 43015

\$33,289.48

Accounts Receivable for Legal Services Performed
Location: 120 Helen Court, Delaware OH 43015

\$23,629.31

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☐ No
☒ Yes. Describe.....

2 ~ Filing Cabinets; 4 ~ Desks; 3~ Computers; Printer/Copier; and Misc Office Supplies
46 N. Sandusky Street, Delaware, OH 43015

\$1,000.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe.....

41. Inventory

- ☒ No
☐ Yes. Describe.....

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Give specific information about them.....
Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

- ☒ No.
☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☒ No
☐ Yes. Describe.....

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.....

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$57,918.79

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

| | | |
|--|--------------------|---|
| 55. Part 1: Total real estate, line 2 | | \$218,000.00 |
| 56. Part 2: Total vehicles, line 5 | \$3,775.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$10,177.00 | |
| 58. Part 4: Total financial assets, line 36 | \$5,394.86 | |
| 59. Part 5: Total business-related property, line 45 | \$57,918.79 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$0.00 | |
| | + | |
| 62. Total personal property. Add lines 56 through 61... | \$77,265.65 | Copy personal property total \$77,265.65 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$295,265.65 |

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | Robert M. Owens | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Teri M. Owens | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF OHIO | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|--|--|--|
| 120 Helen Court Delaware, OH 43015 Delaware County Owned by the Debtor's Revocable Living Trust. Line from <i>Schedule A/B</i> : 1.1 | \$218,000.00 | <input checked="" type="checkbox"/> \$230,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(1) |
| 2007 Honda Odyssey 145000 miles Location: 120 Helen Court, Delaware OH 43015 Dented and scratched. Interior extremely worn. Line from <i>Schedule A/B</i> : 3.1 | \$3,775.00 | <input checked="" type="checkbox"/> \$3,775.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(2) |
| Basic Household Goods Location: 120 Helen Court, Delaware OH 43015 Line from <i>Schedule A/B</i> : 6.1 | \$5,000.00 | <input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| 2 Television Sets; Overhead Projector; DVD Player; 2 Laptops; and +/-30 DVDs Location: 120 Helen Court, Delaware OH 43015 Line from <i>Schedule A/B</i> : 7.1 | \$400.00 | <input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|---|--|
| Snow Skis and 2 Bicycles Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 9.1 | \$75.00 | <input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| 2 ~ AR 15 Stripped Lowers; Enfield 303 Rifle; Sigsaur 2245 Pistol; 22 cal suppressor; 308 cal suppressor; Stevens 12 ga Shotgun; 12 ga Shotgun; Ruger 10/22 Rifle; Savage Bolt Action 22 Rifle; and a Taurus 380 Handgun. Location: 120 Helen Court, Delaware O Line from Schedule A/B: 10.1 | \$1,200.00 | <input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| Basic Clothing Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 11.1 | \$300.00 | <input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| Wedding Rings Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 12.1 | \$2,000.00 | <input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) |
| Personalized Rolex Watch Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 12.2 | \$1,000.00 | <input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) |
| Misc Jewelry Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 12.3 | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) |
| Older Lawn Mower and Misc. Yard/Hand Tools Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 14.1 | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| Checking: First Commonwealth Bank Delaware, OH Line from Schedule A/B: 17.1 | \$512.02 | <input checked="" type="checkbox"/> \$475.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| Business Checking: Fidelity Federal Delaware, OH Line from Schedule A/B: 17.3 | \$513.00 | <input checked="" type="checkbox"/> \$475.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| Interest in Term Life Insurance Policy Location: 120 Helen Court, Delaware OH 43015 Beneficiary: Spouse Line from Schedule A/B: 31.1 | Unknown | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10, 3911.12, 3911.14 |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|--|---|
| Interest in Term Life Insurance Policy Location: 120 Helen Court, Delaware OH 43015 Beneficiary: Spouse Line from Schedule A/B: 31.2 | Unknown | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10, 3911.12, 3911.14 |
| Interest in Whole Life Insurance Policy Location: 120 Helen Court, Delaware OH 43015 Beneficiary: Debtors 2 Line from Schedule A/B: 31.3 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10, 3911.12, 3911.14 |
| Interest in Whole Life Insurance Policy Location: 120 Helen Court, Delaware OH 43015 Beneficiary: Debtors 1 Line from Schedule A/B: 31.4 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10, 3911.12, 3911.14 |
| Aging Accounts Receivable for Legal Services Performed- Not Likely to Collect Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 38.1 | \$33,289.48 | <input checked="" type="checkbox"/> 75% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(17) |
| Aging Accounts Receivable for Legal Services Performed- Not Likely to Collect Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 38.1 | \$33,289.48 | <input checked="" type="checkbox"/> \$24,850.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 15 U.S.C. § 1673 |
| Accounts Receivable for Legal Services Performed Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 38.2 | \$23,629.31 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(17) |
| Accounts Receivable for Legal Services Performed Location: 120 Helen Court, Delaware OH 43015 Line from Schedule A/B: 38.2 | \$23,629.31 | <input checked="" type="checkbox"/> \$17,721.98 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 15 U.S.C. § 1673 |
| 2 ~ Filing Cabinets; 4 ~ Desks; 3~ Computers; Printer/Copier; and Misc Office Supplies 46 N. Sandusky Street, Delaware, OH 43015 Line from Schedule A/B: 39.1 | \$1,000.00 | <input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ohio Rev. Code Ann. § 2329.66(A)(5) |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☐ No

☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☒ No

☐ Yes

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | Robert M. Owens | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Teri M. Owens | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF OHIO | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|---|--|---|
| 2.1 Overlord Construction <small>Creditor's Name</small> 232 E. Park Street Westerville, OH 43081 <small>Number, Street, City, State & Zip Code</small> | Describe the property that secures the claim: 120 Helen Court Delaware, OH 43015 Delaware County Owned by the Debtor's Revocable Living Trust. As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) | \$70,305.45 | \$218,000.00 |
| | | | \$0.00 |
| Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | | | |
| Date debt was incurred 2014 +/- Last 4 digits of account number Unk | | | |

| | | | | |
|--|--|--------------------|---------------------|---------------|
| 2.2 United Bank <small>Creditor's Name</small> 401 S. Sandusky Ave. Bucyrus, OH 44820-2624 <small>Number, Street, City, State & Zip Code</small> | Describe the property that secures the claim: 120 Helen Court Delaware, OH 43015 Delaware County Owned by the Debtor's Revocable Living Trust. As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit | \$64,000.00 | \$218,000.00 | \$0.00 |
| Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | |

Debtor 1 **Robert M. Owens** Case number (if know) _____
First Name Middle Name Last Name
Debtor 2 **Teri M. Owens**
First Name Middle Name Last Name

☐ Check if this claim relates to a community debt ☒ Other (including a right to offset) **Mortgage**

Date debt was incurred **November 2013 +/-** Last 4 digits of account number **8291**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$134,305.45

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$134,305.45

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? **2.1**
Curry, Roby & Mulvey, Co., LLC
30 Northwoods Blvd, Suite 300 Last 4 digits of account number ____
Columbus, OH 43235

☐ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? **2.1**
David R. Kostreva II, Esq
30 Northwoods Blvd., Suite 300 Last 4 digits of account number ____
Columbus, OH 43235

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | Robert M. Owens | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Teri M. Owens | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF OHIO | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | | Total claim | Priority amount | Nonpriority amount |
|--|---|--|-----------------|--------------------|
| 2.1 | CITY OF DELAWARE Priority Creditor's Name Income Tax Department PO Box 496 Delaware, OH 43015-0496 Number Street City State Zip Code | Last 4 digits of account number 0851 | \$600.00 | \$600.00 |
| | When was the debt incurred? December 31, 2017 | | | \$0.00 |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> At least one of the debtors and another | | Type of PRIORITY unsecured claim: | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Domestic support obligations | | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | |
| <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> Other. Specify _____ | | |
| | | Income Tax Qtr 4 2017 and Qtr 1 2018 | | |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

| | | | | | |
|-----|--|---|-------------------|-------------------|---------------|
| 2.2 | Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code | Last 4 digits of account number 0851 | \$8,335.00 | \$8,335.00 | \$0.00 |
| | When was the debt incurred? Dec 31, 2017 | | | | |
| | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | | |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| | Estimated Income Tax 4th Qtr 2017 and 1st Qtr 2018 | | | | |

| | | | | | |
|-----|--|---|-------------------|-----------------|-----------------|
| 2.3 | Ohio Department of Taxation Priority Creditor's Name Compliance Division PO Box 182402 Columbus, OH 43218-2402 Number Street City State Zip Code | Last 4 digits of account number 0851 | \$1,097.21 | \$964.00 | \$133.21 |
| | When was the debt incurred? December 31, 2013 | | | | |
| | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | | |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| | Income Tax | | | | |

| | | | | | |
|-----|--|---|-------------------|-------------------|-----------------|
| 2.4 | Ohio Department of Taxation Priority Creditor's Name Compliance Division PO Box 182402 Columbus, OH 43218-2402 Number Street City State Zip Code | Last 4 digits of account number 0851 | \$2,250.84 | \$2,051.00 | \$199.84 |
| | When was the debt incurred? December 31, 2014 | | | | |
| | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | | |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| | Income Tax | | | | |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

| | | | | | |
|--|---|---|-------------------|-------------------|----------------|
| 2.5 | Ohio Department of Taxation Priority Creditor's Name Compliance Division PO Box 182402 Columbus, OH 43218-2402 Number Street City State Zip Code | Last 4 digits of account number 0851 | \$1,409.42 | \$1,320.70 | \$88.72 |
| When was the debt incurred? December 31, 2015 | | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Income Tax | | | |

| | | | | | |
|--|---|---|-----------------|-----------------|----------------|
| 2.6 | Ohio Department of Taxation Priority Creditor's Name Compliance Division PO Box 182402 Columbus, OH 43218-2402 Number Street City State Zip Code | Last 4 digits of account number 0851 | \$789.00 | \$763.00 | \$26.00 |
| When was the debt incurred? December 31, 2016 | | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Income Tax | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

4.1

American Assoc of Premier DUI Attorneys

Nonpriority Creditor's Name

PO Box 1055

Middleton, ID 83644

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2270**

\$524.00

When was the debt incurred? **Unk**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Overdue subscription/dues**

4.2

American Electric Power

Nonpriority Creditor's Name

1 Riverside Plaza

Columbus, OH 43215-2372

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3854**

\$54.34

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Utility Bill for 46 N. Sandusky Street**

4.3

AMERICAN EXPRESS

Nonpriority Creditor's Name

PO Box 981537

El Paso, TX 79998

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1007**

\$18,391.63

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Charge Account**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.4

American Honda Finance Corporation

Nonpriority Creditor's Name

**National Bankruptcy Center
PO Box 168088
Irving, TX 75016-8088**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **Unk**

\$4,900.00

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Claimed deficiency on Honda Accord that was repossessed.**

4.5

Anderson Reporting

Nonpriority Creditor's Name

**3242 W. Henderson Road, Suite A
Columbus, OH 43220**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6316**

\$434.72

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Legal Expense**

4.6

Armstrong & Okey, Inc.

Nonpriority Creditor's Name

**222 East Towne St., 2nd Fl
Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0511**

\$1,279.37

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Legal Service**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

| | | |
|-----|--|---|
| 4.7 | At&T Mobility Nonpriority Creditor's Name PO Box 6416 Carol Stream, IL 60197-6416 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>6033</u> \$850.63 When was the debt incurred? <u>Unsure</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cell Phone Service</u> |
|-----|--|---|

| | | |
|-----|--|--|
| 4.8 | AT&T Wireless Nonpriority Creditor's Name 208 S. Akard Street Akard, TX 75202 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>Unk</u> \$1,000.00 When was the debt incurred? <u>January 2018</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>PMSI - Cell Phones</u> |
|-----|--|--|

| | | |
|-----|---|--|
| 4.9 | AT&T Yellow Pages - Midwest Nonpriority Creditor's Name 100 E. Big Beaver Road, 14th Fl Troy, MI 48083 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>1000</u> \$14,961.66 When was the debt incurred? <u>Unsure</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Advertising</u> |
|-----|---|--|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.1
0

Bayada Home Health Care

Nonpriority Creditor's Name

**4300 Haddonfield Road
Pennsauken, NJ 08109**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2864**

\$571.78

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Service**

4.1
1

Best Buy Credit Services

Nonpriority Creditor's Name

**PO Box 790441
Saint Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4965**

\$1,061.52

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Charge Account**

4.1
2

Central Insurance Companies

Nonpriority Creditor's Name

**PO Box 828
Van Wert, OH 45891-0828**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5466**

\$72.83

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Insurance**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

| | | | |
|----------|--|---|-------------------|
| 4.1 3 | Chase/Bank One Card Serv Nonpriority Creditor's Name 800 Brooksedg Blvd Westerville, OH 43081 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 1233 When was the debt incurred? November 2014 +/- As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account - Flexible Spending Credit Card | \$4,916.00 |
|----------|--|---|-------------------|

| | | | |
|----------|--|---|-------------------|
| 4.1 4 | CITIBANK (SOUTH DAKOTA), NA Nonpriority Creditor's Name 701 E. 60th Street N. Sioux Falls, SD 57104 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number Unk When was the debt incurred? Unsure As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account | \$1,062.00 |
|----------|--|---|-------------------|

| | | | |
|----------|--|---|-------------------|
| 4.1 5 | CITIBANK (SOUTH DAKOTA), NA Nonpriority Creditor's Name 701 E. 60th Street N. Sioux Falls, SD 57104 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 2740 When was the debt incurred? Unsure As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account - Costco | \$5,293.00 |
|----------|--|---|-------------------|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.1
6

Citicards CBNA

Nonpriority Creditor's Name

**701 E. 60th Street N.
Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3310**

\$10,746.48

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account - Business**

4.1
7

Clerk of Courts

Nonpriority Creditor's Name

**Delaware County Court of Common Pleas
110 North Sandusky Street
Delaware, OH 43015**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0817**

\$2,828.23

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Court Costs**

4.1
8

Craig Scott, Esq.

Nonpriority Creditor's Name

**300 E. Broad Street, Suite 190
Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **Croce**

\$612.50

When was the debt incurred? **January 2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Mediation**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.1
9

Dietrich & Associates, PC

Nonpriority Creditor's Name

**404 North 31st Street, Suite 213
Billings, MT 59103-7054**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5242**

\$2,077.00

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Legal Service**

4.2
0

DirectTV LLC

Nonpriority Creditor's Name

**Attn Bankruptcies
PO Box 6550
Greenwood Village, CO 80155-6550**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5191**

\$566.71

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Utility Service**

4.2
1

EasyFit Products, Inc.

Nonpriority Creditor's Name

**London Road, Suite 302
Delaware, OH 43015**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0405**

\$5,615.17

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Trade In Services**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

| | | |
|----------|---|--|
| 4.2 2 | EdFinancial <hr/> Nonpriority Creditor's Name 120 N. Seven Oaks Drive Knoxville, TN 37922 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>5425</u> \$87,300.00 <hr/> When was the debt incurred? <u>April 1999 +/-</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ |
|----------|---|--|

Student Loan

| | | |
|----------|---|--|
| 4.2 3 | EdFinancial <hr/> Nonpriority Creditor's Name 120 N. Seven Oaks Drive Knoxville, TN 37922 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>5425</u> \$32,000.00 <hr/> When was the debt incurred? <u>April 1999 +/-</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ |
|----------|---|--|

Student Loan

| | | |
|----------|--|---|
| 4.2 4 | Experigreen <hr/> Nonpriority Creditor's Name 3840 Edison Lakes Pkwy Mishawaka, IN 46545 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>1889</u> \$524.23 <hr/> When was the debt incurred? <u>Unsure</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Lawn Service</u> |
|----------|--|---|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.2
5

Fastrack Urgent Care

Nonpriority Creditor's Name
135 W. Perry Street
Port Clinton, OH 43452-1010

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7821**

\$116.75

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.2
6

Fleet Mastercard

Nonpriority Creditor's Name
2000 Purchase St
Purchase, NY 10577

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1414**

\$33,370.00

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Charge Account**

4.2
7

**Grady Memorial Hospital
OhioHealth**

Nonpriority Creditor's Name
PO Box 183167
Columbus, OH 43218-3167

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0154**

\$1,420.15

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.2
8

**Grady Memorial Hospital
OhioHealth**

Nonpriority Creditor's Name

PO Box 183167

Columbus, OH 43218-3167

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0074**

\$790.00

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.2
9

Hometown Urgent Care

Nonpriority Creditor's Name

1100 Sunbury Road

#706

Delaware, OH 43015

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6945**

\$98.97

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.3
0

Lowenstein & Associates

Nonpriority Creditor's Name

691 S Fifth Street

Columbus, OH 43206

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **Unk**

\$232.50

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Legal Expense**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.3
1

Mann Dulaney LLC

Nonpriority Creditor's Name

**97 S. Liberty Street
Powell, OH 43065**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0001**

\$17,847.60

When was the debt incurred? **Unk**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Legal Fees**

4.3
2

Marion Area Physicians

Nonpriority Creditor's Name

**Ohio Health
PO Box 183221
Columbus, OH 43218-3221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6307**

\$1,603.72

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.3
3

Marion Area Physicians

Nonpriority Creditor's Name

**Ohio Health
PO Box 183221
Columbus, OH 43218-3221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9447**

\$1,430.28

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.3
4

Marion Area Physicians

Nonpriority Creditor's Name

Ohio Health
PO Box 183221
Columbus, OH 43218-3221

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7507**

\$1,375.19

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Service**

4.3
5

Marion Area Physicians

Nonpriority Creditor's Name

Ohio Health
PO Box 183221
Columbus, OH 43218-3221

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0392**

\$361.72

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

| | | | |
|----------|---|---|-----------------|
| 4.3 6 | Marion Area Physicians Nonpriority Creditor's Name Ohio Health PO Box 183221 Columbus, OH 43218-3221 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number Various When was the debt incurred? Unsure As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Medical Services 281601103 281602513 281609612 <input checked="" type="checkbox"/> Other. Specify 231609501 | \$296.09 |
|----------|---|---|-----------------|

| | | | |
|----------|---|--|-----------------|
| 4.3 7 | Marion Area Physicians Nonpriority Creditor's Name Ohio Health PO Box 183221 Columbus, OH 43218-3221 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 0516 When was the debt incurred? Unsure As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services | \$283.15 |
|----------|---|--|-----------------|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

| | | | |
|----------|---|--|-----------------|
| 4.3 8 | Marion Area Physicians Nonpriority Creditor's Name Ohio Health PO Box 183221 Columbus, OH 43218-3221 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number Various When was the debt incurred? Unsure As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <div style="text-align: center;"> Medical Services 281609612 281704404 281704406 <input checked="" type="checkbox"/> Other. Specify 231609501 </div> | \$235.43 |
|----------|---|--|-----------------|

| | | | |
|----------|---|---|-----------------|
| 4.3 9 | Marion Area Physicians Nonpriority Creditor's Name Ohio Health PO Box 183221 Columbus, OH 43218-3221 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 0436 When was the debt incurred? Unsure As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <div style="text-align: center;"> <input checked="" type="checkbox"/> Other. Specify Medical Services </div> | \$231.32 |
|----------|---|---|-----------------|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

4.4
0

Marion Area Physicians

Nonpriority Creditor's Name

Ohio Health
PO Box 183221
Columbus, OH 43218-3221

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4013**

\$186.24

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.4
1

Marion Area Physicians

Nonpriority Creditor's Name

Ohio Health
PO Box 183221
Columbus, OH 43218-3221

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No

- ☐ Yes

Last 4 digits of account number **Various**

\$180.86

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**
28160110394
28160251396

4.4
2

Marion Area Physicians

Nonpriority Creditor's Name

Ohio Health
PO Box 183221
Columbus, OH 43218-3221

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No

- ☐ Yes

Last 4 digits of account number **4013**

\$96.91

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.4
3

Marion Area Physicians

Nonpriority Creditor's Name

Ohio Health
PO Box 183221
Columbus, OH 43218-3221

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6307**

\$93.12

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.4
4

Marion Area Physicians

Nonpriority Creditor's Name

Ohio Health
PO Box 183221
Columbus, OH 43218-3221

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0647**

\$90.43

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.4
5

Marion Area Physicians

Nonpriority Creditor's Name

Ohio Health
PO Box 183221
Columbus, OH 43218-3221

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No

- ☐ Yes

Last 4 digits of account number **Various**

\$271.29

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
Medical Services
28160110394
28160251396
☒ Other. Specify **28160961267**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

| | | |
|----------|---|--|
| 4.4 6 | Martindale-Hubbell Nonpriority Creditor's Name PO Box 59757 Los Angeles, CA 90074-9757 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>4200</u> \$3,549.94 When was the debt incurred? <u>Unsure</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Legal Services</u> |
|----------|---|--|

| | | |
|----------|---|--|
| 4.4 7 | Mike Mobly Reporting Nonpriority Creditor's Name 334 S. Main Street Dayton, OH 45402 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>Unk</u> \$1,373.24 When was the debt incurred? <u>January 2018 +/-</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Legal Services - Personal</u> |
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| 4.4 8 | MOUNT CARMEL HEALTH Nonpriority Creditor's Name PO Box 89458 Cleveland, OH 44101-6458 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>Various</u> \$553.80 When was the debt incurred? <u>Unsure</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Service 171566995071 266838265061</u> |
|----------|--|--|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

| | | | |
|----------|---|--|-----------------|
| 4.4 9 | Nationwide Children's Hospital Nonpriority Creditor's Name Dept 781117 PO Box 78000 Detroit, MI 48278-1117 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number Various When was the debt incurred? Unsure As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <div style="text-align: center;">Medical Service</div> <div style="text-align: center;">818313142</div> <input checked="" type="checkbox"/> Other. Specify 818363251 | \$593.19 |
|----------|---|--|-----------------|

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| 4.5 0 | Nationwide Children's Hospital Nonpriority Creditor's Name Dept 781117 PO Box 78000 Detroit, MI 48278-1117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number Various When was the debt incurred? Unsure As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <div style="text-align: center;">Medical Services</div> <div style="text-align: center;">817101166</div> <input checked="" type="checkbox"/> Other. Specify 817097697 | \$357.10 |
|----------|---|---|-----------------|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

| | | |
|----------|---|--|
| 4.5 1 | Nationwide Children's Hospital Nonpriority Creditor's Name Dept 781117 PO Box 78000 Detroit, MI 48278-1117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>0724</u> \$383.51 When was the debt incurred? <u>Unsure</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u> |
|----------|---|--|

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|----------|--|--|
| 4.5 2 | Ohio Board of Professional Conduct Nonpriority Creditor's Name 65 South Front Street, 5th Floor Columbus, OH 43215-3431 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>Unk</u> \$2,108.95 When was the debt incurred? <u>Unsure</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Legal Expense</u> |
|----------|--|--|

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|----------|--|--|
| 4.5 3 | Ohio Emergency Care Services, Inc. Nonpriority Creditor's Name 3585 Ridge Park Drive Akron, OH 44333-8203 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>Unk</u> \$155.00 When was the debt incurred? <u>Unsure</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u> |
|----------|--|--|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

4.5
4

Ohio Emergency Care Services, Inc.

Nonpriority Creditor's Name

**3585 Ridge Park Drive
Akron, OH 44333-8203**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Unk

\$229.00

When was the debt incurred?

Unsure

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.5
5

Ohio Emergency Care Services, Inc.

Nonpriority Creditor's Name

**3585 Ridge Park Drive
Akron, OH 44333-8203**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

0889

\$726.00

When was the debt incurred?

Unsure

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.5
6

Ohio Emergency Care Services, Inc.

Nonpriority Creditor's Name

**3585 Ridge Park Drive
Akron, OH 44333-8203**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Various

\$384.60

When was the debt incurred?

Unsure

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Medical Services

160873088

☒ Other. Specify **168030739**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.5
7

OhioHealth Corporation

Nonpriority Creditor's Name

**180 East Broad Street
Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5488**

\$949.00

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.5
8

OhioHealth Corporation

Nonpriority Creditor's Name

**180 East Broad Street
Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6307**

\$475.91

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.5
9

Pediatric Academic Associates

Nonpriority Creditor's Name

**PO Box 182976
Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0724**

\$105.35

When was the debt incurred? **February 2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Service**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.6
0

Pediatric Medical Group

Nonpriority Creditor's Name

**PO Box 504464 RZ
Saint Louis, MO 63150-4464**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3854**

\$54.34

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.6
1

Pediatric-Obstetric

Nonpriority Creditor's Name

**Medical Group O
PO Box 504464 RZ
Saint Louis, MO 63150-4464**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4269**

\$266.46

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.6
2

Quest Diagnostics

Nonpriority Creditor's Name

**Corporate Headquarters
500 Plaza Drive
Secaucus, NJ 07094**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9035**

\$26.80

When was the debt incurred? **March 2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.6
3

Riverside Radiology & Intervention Assoc

Nonpriority Creditor's Name
**100 E. Campus View Blvd.
Suite 100
Columbus, OH 43235-8628**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **Unk** **\$45.00**

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.6
4

Robson Foresnsic, Inc.

Nonpriority Creditor's Name
**PO Box 4847
Lancaster, PA 17604**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8700** **\$4,005.42**

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Legal Services**

4.6
5

Ryco Plumbing

Nonpriority Creditor's Name
**2958 Sunbury Road
Galena, OH 43021**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2064** **\$428.85**

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Home Repair**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.6
6

Terminix International

Nonpriority Creditor's Name
**860 Ridge Lake Blvd.
Memphis, TN 38120**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8884**

\$139.96

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Home Maintenance**

4.6
7

Terry D. Olejko, DDS

Nonpriority Creditor's Name
**551 W. Central Ave.
Suite 200
Delaware, OH 43015**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **Unk**

\$350.00

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Dental Services**

4.6
8

Thompson Reuters

Nonpriority Creditor's Name
**525 Wescott Road
Eagan, MN 55123**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4626**

\$156.22

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Office Expense**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

4.6
9

Thornsberry Reporting Services

Nonpriority Creditor's Name

**829 Bethel Road, Suite 129
Columbus, OH 43214-1903**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3744**

\$852.60

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Legal Expense**

4.7
0

Time Warner Cable - Spectrum

Nonpriority Creditor's Name

**1015 Olentangy River Road
Columbus, OH 43212-3148**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2001**

\$470.21

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cancelled Utility Service**

4.7
1

TruGreen

Nonpriority Creditor's Name

**PO Box 9001128
Louisville, KY 40290-1128**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5799**

\$54.47

When was the debt incurred? **Unsure**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Lawn Service**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

| | | | |
|----------|---|---|-----------------|
| 4.7 2 | Volkema Thomas Nonpriority Creditor's Name 300 E. Broad Street, Suite 190 Columbus, OH 43215 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number Unk When was the debt incurred? Unsure As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Mediation Services | \$612.50 |
|----------|---|---|-----------------|

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | |
|---|--|---------------------------------|
| Name and Address Access Receivables PO Box 1377 Cockeysville, MD 21030-6377 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.70 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims | Last 4 digits of account number |
| Name and Address afni PO Box 3517 Bloomington, IL 61702-3517 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims | Last 4 digits of account number |
| Name and Address Akron Billing Center 3585 Ridge Park Drive Akron, OH 44333 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.55 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims | Last 4 digits of account number |
| Name and Address American Credit Bureau, Inc. PO Box 4545 Boynton Beach, FL 33424 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.25 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims | Last 4 digits of account number |
| Name and Address AMERICAN PROFIT RECOVERY 34505 W. 12 Mile Road #333 Farmington, MI 48331 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.24 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims | Last 4 digits of account number |
| Name and Address ARS National Services Inc. PO Box 469046 Escondido, CA 92046 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims | Last 4 digits of account number |
| Name and Address CBCS 35 PO Box 163279 Columbus, OH 43216-3279 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.49 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims | Last 4 digits of account number |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | Last 4 digits of account number |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

CBCS 35
PO Box 163279
Columbus, OH 43216-3279

Line **4.50** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Central Credit Services, LLC
9550 Regency Square Blvd
Suite 500
Jacksonville, FL 32225

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.60** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Central Credit Services, LLC
9550 Regency Square Blvd
Suite 500
Jacksonville, FL 32225

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8103

Name and Address
CHASE/BANK ONE CARD
SERVICES
PO Box 15298
Wilmington, DE 19850

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Choice Recovery Inc.
PO Box 20790
Columbus, OH 43220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Choice Recovery Inc.
PO Box 20790
Columbus, OH 43220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.67** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Computer Collections, Inc.
470 West Hanes Mill Road
PO Box 5238
Winston Salem, NC 27113-5238

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Computer Collections, Inc.
470 West Hanes Mill Road
PO Box 5238
Winston Salem, NC 27113-5238

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Craig Scott, Esq.
300 E. Broad Street, Suite 190
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.72** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Credit Collection Services
725 Canton Street
Norwood, MA 02062

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Credit Collections Bureau
PO Box 90508
Sioux Falls, SD 57109

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

Name and Address

Financial Corporation of America
PO Box 203500
Austin, TX 78720-3500

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

HRRG
PO Box 5406
Cincinnati, OH 45273-7942

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Javitch Block LLC
1100 Superior Ave
19th Floor
Cleveland, OH 44114-2521

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

JP Recovery Services Inc.
2022 Center Ridge Road
Suite 370
Rocky River, OH 44116-3501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

JP Recovery Services Inc.
2022 Center Ridge Road
Suite 370
Rocky River, OH 44116-3501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

JP Recovery Services Inc.
2022 Center Ridge Road
Suite 370
Rocky River, OH 44116-3501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

JP Recovery Services Inc.
2022 Center Ridge Road
Suite 370
Rocky River, OH 44116-3501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

JP Recovery Services Inc.
2022 Center Ridge Road
Suite 370
Rocky River, OH 44116-3501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

JP Recovery Services Inc.
2022 Center Ridge Road
Suite 370
Rocky River, OH 44116-3501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

JP Recovery Services Inc.
2022 Center Ridge Road
Suite 370
Rocky River, OH 44116-3501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know)

Name and Address
JP Recovery Services Inc.
2022 Center Ridge Road
Suite 370
Rocky River, OH 44116-3501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
McCarthy, Burgess & Wolff
26000 Cannon Road
Cleveland, OH 44146

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Merchants Associates Collection
Div, Inc
134 S. Tampa Street
Tampa, FL 33602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0003

Name and Address
Merchants Associates Collection
Div, Inc
134 S. Tampa Street
Tampa, FL 33602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Merchants Associates Collection
Div, Inc
134 S. Tampa Street
Tampa, FL 33602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Merchants Associates Collection
Div, Inc
134 S. Tampa Street
Tampa, FL 33602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Merchants Associates Collection
Div, Inc
134 S. Tampa Street
Tampa, FL 33602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midland Funding LLC
2365 Northside Drive
Suite 300
San Diego, CA 92108

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midwest Recovery Systems
2747 W. Clay Street, Suite A
Saint Charles, MO 63301

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Nationwide Credit, Inc.
2002 Summit Blvd., Suite 600
Atlanta, GA 30319-1559

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Nationwide Credit, Inc.

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.66** of (Check one):

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if know) _____

PO Box 10354
Des Moines, IA 50306-0354

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
NCO Financial Systems
PO Box 15372
Wilmington, DE 19820

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Nichole McCormick, Esq.
6734 Royal Plume Drive
Dublin, OH 43016

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Phoenix Financial Services LLC
PO Box 361450
Indianapolis, IN 46236-1450

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Transworld Systems, Inc.
500 Virginia Drive, Suite 514
Fort Washington, PA 19034

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.71** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
United Collections Bureau, Inc.
5620 Southwyck Blvd
Toledo, OH 43614

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total Claim | |
|--------------------------|---|-------------|----------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ <u>0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ <u>14,481.47</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ <u>0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ <u>0.00</u> |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. | \$ <u>14,481.47</u> |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ <u>119,300.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ <u>0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ <u>0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ <u>158,362.94</u> |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ <u>277,662.94</u> |

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | Robert M. Owens | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Teri M. Owens | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF OHIO | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | | State what the contract or lease is for |
|--|--|--|
| 2.1 | AT&T Wireless 208 S. Akard Street Akard, TX 75202 | 24 Month Cell Phone Usage Contract - Expires January 2020 +/- |
| 2.2 | Don Rankey | Auto Lease |

Fill in this information to identify your case:

| | | | |
|---|---------------------------|-------------|-----------|
| Debtor 1 | Robert M. Owens | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Teri M. Owens | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF OHIO | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Robert M. Owens

Debtor 2 Teri M. Owens
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Attorney - Sole Practitioner

Owens Law

46 N. Sandusky Street
Delaware, OH 43015

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

How long employed there? 18 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>0.00</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>0.00</u> | \$ <u>0.00</u> |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

| | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|------|--------------|--------------------------------------|
| Copy line 4 here | 4. | \$ 0.00 | \$ 0.00 |
| 5. List all payroll deductions: | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ 0.00 | \$ 0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ 0.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. | \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. | \$ 0.00 | \$ 0.00 |
| 5f. Domestic support obligations | 5f. | \$ 0.00 | \$ 0.00 |
| 5g. Union dues | 5g. | \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify: _____ | 5h.+ | \$ 0.00 | \$ 0.00 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ 0.00 | \$ 0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ 0.00 | \$ 0.00 |
| 8. List all other income regularly received: | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ 7,167.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. | \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. | \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. | \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. | \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | 8g. | \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: _____ | 8h.+ | \$ 0.00 | \$ 0.00 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ 7,167.00 | \$ 0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ 7,167.00 | \$ 0.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | | |
| | 11. | +\$ 0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | 12. | \$ 7,167.00 | |
| Combined monthly income | | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | | |
| <input checked="" type="checkbox"/> No. | | | |
| <input type="checkbox"/> Yes. Explain: _____ | | | |

Fill in this information to identify your case:

Debtor 1 Robert M. Owens

Debtor 2 Teri M. Owens
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

2 Years

☐ No

☒ Yes

Son

7 years

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 993.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 437.92

4b. Property, homeowner's, or renter's insurance

4b. \$ 100.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 60.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

| | | |
|--|---------|--------------------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 320.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 100.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 112.00 |
| 6d. Other. Specify: _____ | 6d. \$ | 0.00 |
| 7. Food and housekeeping supplies | | 7. \$ 900.00 |
| 8. Childcare and children's education costs | | 8. \$ 790.00 |
| 9. Clothing, laundry, and dry cleaning | | 9. \$ 50.00 |
| 10. Personal care products and services | | 10. \$ 0.00 |
| 11. Medical and dental expenses | | 11. \$ 50.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | | 12. \$ 150.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | | 13. \$ 40.00 |
| 14. Charitable contributions and religious donations | | 14. \$ 0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 1,575.00 |
| 15c. Vehicle insurance | 15c. \$ | 110.00 |
| 15d. Other insurance. Specify: _____ | 15d. \$ | 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | | 16. \$ 0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 350.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: Student Loan | 17c. \$ | 990.37 |
| 17d. Other. Specify: Costco Membership | 17d. \$ | 13.75 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | 18. \$ 0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | | \$ 0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. Other: Specify: _____ | | 21. +\$ 0.00 |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | | \$ 7,142.04 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ 7,142.04 |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | | 23a. \$ 7,167.00 |
| 23b. Copy your monthly expenses from line 22c above. | | 23b. -\$ 7,142.04 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | | 23c. \$ 24.96 |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain here: _____ | | |

Fill in this information to identify your case:

Debtor 1 **Robert M. Owens**
First Name Middle Name Last Name

Debtor 2 **Teri M. Owens**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Robert M. Owens

Robert M. Owens
Signature of Debtor 1

Date July 20, 2018

X /s/ Teri M. Owens

Teri M. Owens
Signature of Debtor 2

Date July 20, 2018

Fill in this information to identify your case:

Debtor 1 **Robert M. Owens**
 First Name Middle Name Last Name

Debtor 2 **Teri M. Owens**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
 Check all that apply.

Gross income
 (before deductions and exclusions)

☐ Wages, commissions, bonuses, tips

\$48,099.00

☒ Operating a business

Debtor 2

Sources of income
 Check all that apply.

Gross income
 (before deductions and exclusions)

☐ Wages, commissions, bonuses, tips

\$0.00

☐ Operating a business

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

| | Debtor 1 | | Debtor 2 | |
|---|--|--|---|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2017) | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$57,338.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 |
| For the calendar year before that: (January 1 to December 31, 2016) | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$77,178.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

| Debtor 1 | Debtor 2 |
|--|--|
| Sources of income Describe below. | Sources of income Describe below. |
| Gross income from each source (before deductions and exclusions) | Gross income (before deductions and exclusions) |
| | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|--|------------------------------|-------------------|----------------------|---|
| United Bank 401 S. Sandusky Ave. Bucyrus, OH 44820-2624 | May and June 2018 | \$1,986.00 | \$64,000.00 | <input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____ |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|----------------------------|------------------|-------------------|----------------------|--|
|----------------------------|------------------|-------------------|----------------------|--|

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|--|--|---|---|
| Robert M. Owens vs Overlord Construction 15 CV H 12 0817 | Contracts, Notes and Accounts | THE COURT OF COMMON PLEAS 110 NORTH SANDUSKY STREET DELAWARE, OH 43015 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |
| Judgment for Defendant | | | |
| Overlord Construction Services Ltd vs Owens, Robert 18 CJ 65244 | Certificate of Judgment | THE COURT OF COMMON PLEAS 110 NORTH SANDUSKY STREET DELAWARE, OH 43015 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |
| Midland Funding LLC vs Robert Owens 17 CVF 01793 | Contracts, Notes and Accounts | DELAWARE MUNICIPAL COURT 70 North Union Street Delaware, OH 43015 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |
| Dismissed | | | |

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property Explain what happened | Date | Value of the property |
|---------------------------|--|------|-----------------------|
|---------------------------|--|------|-----------------------|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift and Address: | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No
☒ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Dates you contributed | Value |
|--|-------------------------------|-----------------------|------------|
| Charity's Name Address (Number, Street, City, State and ZIP Code) | | | |
| New Hope Church Delaware, OH 43015 | Tithing | Prior 12 Months | \$1,000.00 |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | | |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
|---|---|-----------------------------------|-------------------|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| The Law Offices of James Jeffrey Jackson 103 North Union Street Suite B Delaware, OH 43015 jjackson@ohdebt counselor.com | Attorney Fees | July 20, 2018 | \$1,500.00 |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

| Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---|-----------------------------------|-------------------|
|--------------------------------|---|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

| Person Who Received Transfer Address Person's relationship to you | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
| Third Party | Four Rifles, three handguns and two shotguns | \$5000.00 | |
| None | \$5000.00 | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No
☒ Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|--------------------|---|--------------------------|
| Owens Trust | Residence at 120 Helen Court, Delaware, Ohio 43015, valued at \$218,000.00 and two silencers valued at \$100.00. | November 14, 2013 |

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|--|--|---|
| First Commonwealth Bank PO Box 400 Indiana, PA 15701-0400 | XXXX-4419 | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Checking</u> <u>Account for</u> <u>Liberty In Law</u> <u>Trust - Debtor 2 is</u> <u>the beneficiary of</u> <u>the trust.</u> | February 20, 2018 | \$0.00 |
| First Commonwealth Bank PO Box 400 Indiana, PA 15701-0400 | XXXX-8463 | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Health</u> <u>Savings Account</u> | June 22, 2018 +/- | \$0.00 |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|---|-----------------------|--------------------------|
|---|---|-----------------------|--------------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|--------------------------|
|--|---|-----------------------|--------------------------|

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☒ Yes. Fill in the details.

| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|--|--|-----------------------|-------------|
| Various | Fidelity Federal Savings and Loan PO Box 279 Delaware, OH 43015 | IOLTA Account | \$25,000.00 |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

regulations controlling the cleanup of these substances, wastes, or material.

- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- ☐ Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- No
- ☐ Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- ☐ Yes. Fill in the details.

| Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|
|---------------------------|---|--------------------|--------------------|

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
|--|---|--|
| Owens Law Office 46 N. Sandusky Street Delaware, OH 43015 | Law Practice | EIN: 37-1653698 From-To 2013 to Present |
| Homelife in the Gardens LLC | Nursing Home Real Estate Business Debtor has a 3% limited ownership | EIN: 46-1107188 From-To Unsure |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

Business Name
Address
(Number, Street, City, State and ZIP Code)

Describe the nature of the business
Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.

Homelife on Glynco LLC

Nursing Home Real Estate
Business
Debtor has a 3% limited
ownership

Dates business existed

EIN: 46-3428128

From-To Unsure

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Robert M. Owens

Robert M. Owens
Signature of Debtor 1

/s/ Teri M. Owens

Teri M. Owens
Signature of Debtor 2

Date July 20, 2018

Date July 20, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Southern District of Ohio**

In re **Robert M. Owens
Teri M. Owens**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|-----------------|
| For legal services, I have agreed to accept | \$ | 1,500.00 |
| Prior to the filing of this statement I have received | \$ | 1,500.00 |
| Balance Due | \$ | 0.00 |

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding, including US Trustee motion to dismiss and UST audits.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 20, 2018

Date

/s/ James J. Jackson

James J. Jackson 0078696

Signature of Attorney

The Law Offices of James Jeffrey Jackson

103 North Union Street

Suite B

Delaware, OH 43015

740-369-6812 Fax: 740-369-1292

jjackson@ohdebt counselor.com

Name of law firm

Fill in this information to identify your case:

Debtor 1 Robert M. Owens

Debtor 2 Teri M. Owens
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|--------------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ 0.00 | \$ 0.00 |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ 0.00 | \$ 0.00 |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ 0.00 | \$ 0.00 |
| 5. Net income from operating a business, profession, or farm | | |
| | Debtor 1 | |
| Gross receipts (before all deductions) | \$ 11,241.41 | |
| Ordinary and necessary operating expenses | -\$ 3,225.58 | |
| Net monthly income from a business, profession, or farm | \$ 8,015.83 | |
| | Copy here -> \$ 8,015.83 | \$ 0.00 |
| 6. Net income from rental and other real property | | |
| | Debtor 1 | |
| Gross receipts (before all deductions) | \$ 0.00 | |
| Ordinary and necessary operating expenses | -\$ 0.00 | |
| Net monthly income from rental and other real property | \$ 0.00 | |
| | Copy here -> \$ 0.00 | \$ 0.00 |
| 7. Interest, dividends, and royalties | \$ 0.00 | \$ 0.00 |

Debtor 1
Debtor 2**Robert M. Owens**
Teri M. Owens

Case number (if known)

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|----------------------|--|
| 8. Unemployment compensation | \$ 0.00 | \$ 0.00 |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | | |
| For you | \$ 0.00 | |
| For your spouse | \$ 0.00 | |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. | \$ 0.00 | \$ 0.00 |
| 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 |
| Total amounts from separate pages, if any. | + \$ 0.00 | \$ 0.00 |
| 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$ 8,015.83 | + \$ 0.00 = \$ 8,015.83 |
| | | Total current monthly income |

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**\$ **8,015.83**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **96,189.96****13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

OH

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ **85,294.00****14. How do the lines compare?**14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Robert M. Owens**Robert M. Owens**

Signature of Debtor 1

Date **July 20, 2018**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

X /s/ Teri M. Owens**Teri M. Owens**

Signature of Debtor 2

Date **July 20, 2018**

MM / DD / YYYY

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Robert M. Owens

Debtor 2 Teri M. Owens
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(if known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A - 2 Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. _____ Copy line 11 from Official Form 122A-1 here=>..... \$ 8,015.83

2. Did you fill out Column B in Part 1 of Form 122A-1?

☐ No. Fill in \$0 for the total on line 3.

☒ Yes. Is your spouse Filing with you?

☐ No. Go to line 3.

☒ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

☒ No. Fill in 0 for the total on line 3.

☐ Yes. Fill in the information below:

State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

Fill in the amount you are subtracting from your spouse's income

| | |
|---------------------|----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total. _____ | \$ 0.00 |

Copy total here=>... - \$ 0.00

4. Adjust your current monthly income. Subtract line 3 from line 1.

\$ 8,015.83

Debtor 1
Debtor 2**Robert M. Owens**
Teri M. Owens

Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ **1,694.00**
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ **52**
- 7b. Number of people who are under 65 X **4**
- 7c. **Subtotal.** Multiply line 7a by line 7b. \$ **208.00** Copy here=> \$ **208.00**

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ **114**
- 7e. Number of people who are 65 or older X **0**
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ **0.00** Copy here=> +\$ **0.00**

- 7g. **Total.** Add line 7c and line 7f \$ **208.00** Copy total here=> \$ **208.00**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**

- ☒ **Housing and utilities - Insurance and operating expenses**
- ☒ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.To find the chart, go online using the link specified in the separate instructions for this form.
This chart may also be available at the bankruptcy clerk's office.8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ **702.00**9. **Housing and utilities - Mortgage or rent expenses:**9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ **1,931.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor | Average monthly payment |
|----------------------|-------------------------|
| United Bank | \$ 993.00 |

Total average monthly payment \$ **993.00** Copy here=> -\$ **993.00** Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0. \$ **938.00** Copy here=> \$ **938.00**10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ **0.00**

Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **392.00**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: **2007 Honda Odyssey 145000 miles Location: 120 Helen Court, Delaware OH 43015**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **0.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

| Name of each creditor for Vehicle 1 | Average monthly payment |
|-------------------------------------|-------------------------|
| -NONE- | \$ |

Total Average Monthly Payment

\$ **0.00**

Copy here =>

-\$ **0.00**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

\$ **0.00**

Copy net Vehicle 1 expense here =>

\$ **0.00**

Vehicle 2 Describe Vehicle 2: **Monthly Lease**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **497.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

| Name of each creditor for Vehicle 2 | Average monthly payment |
|-------------------------------------|-------------------------|
| -NONE- | \$ |

Total Average Monthly Payment

\$ **0.00**

Copy here =>

-\$ **0.00**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0.

\$ **497.00**

Copy net Vehicle 2 expense here =>

\$ **497.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 0.00
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 1,040.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 5,471.00
Add lines 6 through 23.

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

| | | |
|------------------------|----|----------------|
| Health insurance | \$ | <u>0.00</u> |
| Disability insurance | \$ | <u>0.00</u> |
| Health savings account | + | \$ <u>0.00</u> |

Total

\$ 0.00

Copy total here=> \$ 0.00

Do you actually spend this total amount?

☐ No. How much do you actually spend?

☒ Yes \$ _____

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

\$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+\$ 0.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 0.00

Debtor 1
Debtor 2

Robert M. Owens
Teri M. Owens

Case number (if known)

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home:

33a. Copy line 9b here => \$ **993.00**

Loans on your first two vehicles:

33b. Copy line 13b here => \$ **0.00**

33c. Copy line 13e here => \$ **0.00**

33d. List other secured debts:

| Name of each creditor for other secured debt | Identify property that secures the debt | Does payment include taxes or insurance? | |
|--|---|--|-----|
| -NONE- | | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | \$ |
| | | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | \$ |
| | | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | +\$ |

33e. Total average monthly payment. Add lines 33a through 33d \$ **993.00** Copy total here=> \$ **993.00**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

| Name of the creditor | Identify property that secures the debt | Total cure amount | Monthly cure amount |
|------------------------------|---|--------------------------|--------------------------------------|
| Overlord Construction | 120 Helen Court Delaware, OH 43015 Delaware County Owned by the Debtor's Revocable Living Trust. | \$ 70,000.00 | $\div 60 =$ \$ 1,166.67 |
| | | \$ | $\div 60 =$ \$ |
| | | \$ | $\div 60 =$ +\$ |
| | | Total \$ 1,166.67 | Copy total here=> \$ 1,166.67 |

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **14,033.70** ÷ 60 = \$ **233.90**

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known)

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

- ☐ No. Go to line 37.
☒ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ 250.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X 6.40

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ 16.00

Copy total here=> \$ 16.00

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

\$ 2,409.57

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, *All of the expenses allowed under IRS expense allowances* \$ 5,471.00

Copy line 32, *All of the additional expense deductions* \$ 0.00

Copy line 37, *All of the deductions for debt payment* +\$ 2,409.57

Total deductions

\$ 7,880.57

Copy total here.....=> \$ 7,880.57

Part 3: Determine Whether There is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, *adjusted current monthly income* \$ 8,015.83

39b. Copy line 38, *Total deductions* - \$ 7,880.57

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

\$ 135.26

Copy here=> \$ 135.26

For the next 60 months (5 years) x 60

39d. Total. Multiply line 39c by 60

39d. \$ 8,115.60

Copy here=> \$ 8,115.60

40. Find out whether there is a presumption of abuse. Check the box that applies:

- ☐ **The line 39d is less than \$7,700*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.
- ☐ **The line 39d is more than \$12,850*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Go to Part 5.
- ☒ **The line 39d is at least \$7,700*, but not more than \$12,850*.** Go to line 41.

*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1
Debtor 2

Robert M. Owens
Teri M. Owens

Case number (if known)

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form.

\$ 278,110.71

x .25

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I)

Multiply line 41a by 0.25.....

\$ 69,527.68

Copy
here=>

\$ 69,527.68

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**

Check the box that applies:

☒ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

☒ No. Go to Part 5.

☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense or income adjustment

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Robert M. Owens

Robert M. Owens
Signature of Debtor 1

Date **July 20, 2018**
MM / DD / YYYY

X /s/ Teri M. Owens

Teri M. Owens
Signature of Debtor 2

Date **July 20, 2018**
MM / DD / YYYY

Debtor 1 **Robert M. Owens**
Debtor 2 **Teri M. Owens**

Case number (if known) _____

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **01/01/2018** to **06/30/2018**.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Law Practice**

Income/Expense/Net by Month:

| | Date | Income | Expense | Net |
|-----------------------------|----------------|--------------------|-------------------|--------------------|
| 6 Months Ago: | 01/2018 | \$6,891.00 | \$2,888.00 | \$4,003.00 |
| 5 Months Ago: | 02/2018 | \$9,333.00 | \$544.00 | \$8,789.00 |
| 4 Months Ago: | 03/2018 | \$10,146.00 | \$5,100.00 | \$5,046.00 |
| 3 Months Ago: | 04/2018 | \$16,931.71 | \$3,773.73 | \$13,157.98 |
| 2 Months Ago: | 05/2018 | \$14,237.74 | \$3,859.74 | \$10,378.00 |
| Last Month: | 06/2018 | \$9,909.00 | \$3,188.00 | \$6,721.00 |
| Average per month: | | \$11,241.41 | \$3,225.58 | |
| Average Monthly NET Income: | | | | \$8,015.83 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

| | |
|-------|------------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + | \$15 trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | | |
|---|---------|--------------------|
| | \$1,167 | filing fee |
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | |
|---|-------|--------------------|
| | \$200 | filing fee |
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | | |
|---|-------|--------------------|
| | \$235 | filing fee |
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Access Receivables
PO Box 1377
Cockeysville, MD 21030-6377

afni
PO Box 3517
Bloomington, IL 61702-3517

Akron Billing Center
3585 Ridge Park Drive
Akron, OH 44333

American Assoc of Premier DUI Attorneys
PO Box 1055
Middleton, ID 83644

American Credit Bureau, Inc.
PO Box 4545
Boynton Beach, FL 33424

American Electric Power
1 Riverside Plaza
Columbus, OH 43215-2372

AMERICAN EXPRESS
PO Box 981537
El Paso, TX 79998

American Honda Finance Corporation
National Bankruptcy Center
PO Box 168088
Irving, TX 75016-8088

AMERICAN PROFIT RECOVERY
34505 W. 12 Mile Road #333
Farmington, MI 48331

Anderson Reporting
3242 W. Henderson Road, Suite A
Columbus, OH 43220

Armstrong & Okey, Inc.
222 East Towne St., 2nd Fl
Columbus, OH 43215

ARS National Services Inc.
PO Box 469046
Escondido, CA 92046

At&T Mobility
PO Box 6416
Carol Stream, IL 60197-6416

AT&T Wireless
208 S. Akard Street
Akard, TX 75202

AT&T Yellow Pages - Midwest
100 E. Big Beaver Road, 14th Fl
Troy, MI 48083

Bayada Home Health Care
4300 Haddonfield Road
Pennsauken, NJ 08109

Best Buy Credit Services
PO Box 790441
Saint Louis, MO 63179

CBCS 35
PO Box 163279
Columbus, OH 43216-3279

Central Credit Services, LLC
9550 Regency Square Blvd
Suite 500
Jacksonville, FL 32225

Central Insurance Companies
PO Box 828
Van Wert, OH 45891-0828

Chase/Bank One Card Serv
800 Brooksedge Blvd
Westerville, OH 43081

CHASE/BANK ONE CARD SERVICES
PO Box 15298
Wilmington, DE 19850

Choice Recovery Inc.
PO Box 20790
Columbus, OH 43220

CITIBANK (SOUTH DAKOTA), NA
701 E. 60th Street N.
Sioux Falls, SD 57104

Citicards CBNA
701 E. 60th Street N.
Sioux Falls, SD 57104

CITY OF DELAWARE
Income Tax Department
PO Box 496
Delaware, OH 43015-0496

Clerk of Courts
Delaware County Court of Common Pleas
110 North Sandusky Street
Delaware, OH 43015

Computer Collections, Inc.
470 West Hanes Mill Road
PO Box 5238
Winston Salem, NC 27113-5238

Craig Scott, Esq.
300 E. Broad Street, Suite 190
Columbus, OH 43215

Credit Collection Services
725 Canton Street
Norwood, MA 02062

Credit Collections Bureau
PO Box 90508
Sioux Falls, SD 57109

Curry, Roby & Mulvey, Co., LLC
30 Northwoods Blvd, Suite 300
Columbus, OH 43235

David R. Kostreva II, Esq
30 Northwoods Blvd., Suite 300
Columbus, OH 43235

Dietrich & Associates, PC
404 North 31st Street, Suite 213
Billings, MT 59103-7054

DirectTV LLC
Attn Bankruptcies
PO Box 6550
Greenwood Village, CO 80155-6550

Don Rankey

EasyFit Products, Inc.
London Road, Suite 302
Delaware, OH 43015

EdFinancial
120 N. Seven Oaks Drive
Knoxville, TN 37922

Experigreen
3840 Edison Lakes Pkwy
Mishawaka, IN 46545

Fastrack Urgent Care
135 W. Perry Street
Port Clinton, OH 43452-1010

Financial Corporation of America
PO Box 203500
Austin, TX 78720-3500

Fleet Mastercard
2000 Purchase St
Purchase, NY 10577

Grady Memorial Hospital OhioHealth
PO Box 183167
Columbus, OH 43218-3167

Hometown Urgent Care
1100 Sunbury Road
#706
Delaware, OH 43015

HRRG
PO Box 5406
Cincinnati, OH 45273-7942

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Javitch Block LLC
1100 Superior Ave
19th Floor
Cleveland, OH 44114-2521

JP Recovery Services Inc.
2022 Center Ridge Road
Suite 370
Rocky River, OH 44116-3501

Lowenstein & Associates
691 S Fifth Street
Columbus, OH 43206

Mann Dulaney LLC
97 S. Liberty Street
Powell, OH 43065

Marion Area Physicians
Ohio Health
PO Box 183221
Columbus, OH 43218-3221

Martindale-Hubbell
PO Box 59757
Los Angeles, CA 90074-9757

McCarthy, Burgess & Wolff
26000 Cannon Road
Cleveland, OH 44146

Merchants Associates Collection Div, Inc
134 S. Tampa Street
Tampa, FL 33602

Midland Funding LLC
2365 Northside Drive
Suite 300
San Diego, CA 92108

Midwest Recovery Systems
2747 W. Clay Street, Suite A
Saint Charles, MO 63301

Mike Mobly Reporting
334 S. Main Street
Dayton, OH 45402

MOUNT CARMEL HEALTH
PO Box 89458
Cleveland, OH 44101-6458

Nationwide Children's Hospital
Dept 781117
PO Box 78000
Detroit, MI 48278-1117

Nationwide Credit, Inc.
2002 Summit Blvd., Suite 600
Atlanta, GA 30319-1559

Nationwide Credit, Inc.
PO Box 10354
Des Moines, IA 50306-0354

NCO Financial Systems
PO Box 15372
Wilmington, DE 19820

Nichole McCormick, Esq.
6734 Royal Plume Drive
Dublin, OH 43016

Ohio Board of Professional Conduct
65 South Front Street, 5th Floor
Columbus, OH 43215-3431

Ohio Department of Taxation
Compliance Division
PO Box 182402
Columbus, OH 43218-2402

Ohio Emergency Care Services, Inc.
3585 Ridge Park Drive
Akron, OH 44333-8203

OhioHealth Corporation
180 East Broad Street
Columbus, OH 43215

Overlord Construction
232 E. Park Street
Westerville, OH 43081

Pediatric Academic Associates
PO Box 182976
Columbus, OH 43218

Pediatric Medical Group
PO Box 504464 RZ
Saint Louis, MO 63150-4464

Pediatric-Obstetric
Medical Group O
PO Box 504464 RZ
Saint Louis, MO 63150-4464

Phoenix Financial Services LLC
PO Box 361450
Indianapolis, IN 46236-1450

Quest Diagnostics
Corporate Headquarters
500 Plaza Drive
Secaucus, NJ 07094

Riverside Radiology & Intervention Assoc
100 E. Campus View Blvd.
Suite 100
Columbus, OH 43235-8628

Robson Forensics, Inc.
PO Box 4847
Lancaster, PA 17604

Ryco Plumbing
2958 Sunbury Road
Galena, OH 43021

Terminix International
860 Ridge Lake Blvd.
Memphis, TN 38120

Terry D. Olejko, DDS
551 W. Central Ave.
Suite 200
Delaware, OH 43015

Thompson Reuters
525 Wescott Road
Eagan, MN 55123

Thornsberry Reporting Services
829 Bethel Road, Suite 129
Columbus, OH 43214-1903

Time Warner Cable - Spectrum
1015 Olentangy River Road
Columbus, OH 43212-3148

Transworld Systems, Inc.
500 Virginia Drive, Suite 514
Fort Washington, PA 19034

TruGreen
PO Box 9001128
Louisville, KY 40290-1128

United Bank
401 S. Sandusky Ave.
Bucyrus, OH 44820-2624

United Collections Bureau, Inc.
5620 Southwyck Blvd
Toledo, OH 43614

Volkema Thomas
300 E. Broad Street, Suite 190
Columbus, OH 43215